

B 2100A (Form 2100A) (12/15)

UNITED STATES BANKRUPTCY COURT

Northern District of Georgia



In re PICO Atlanta, Inc.

Case No. 10-67440

FILED IN CLERK'S OFFICE
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT
OF GEORGIA
2021 JUL -6 PM 3:20
DEPUTY CLERK

TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

Spring Solutions, LLC

Name of Transferee

Connie Story

Name of Transferor

Name and Address where notices to transferee should be sent:

PO Box 334
Glen Burnie, MD 21060

Court Claim # (if known): 45

Amount of Claim: \$2,493.39

Date Claim Filed: 07/02/2010

Phone: 410.760.5841

Last Four Digits of Acct #: 5501

Phone: 404-538-2933

Last Four Digits of Acct. #: _____

Name and Address where transferee payments should be sent (if different from above):

Phone: _____

Last Four Digits of Acct #: _____

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: Margaret A. [Signature]

Transferee/Transferee's Agent

Date: 6/16/2021

| | | | |
|--|---|---|---|
| 810 (Official Form 10) (04/10) | | FILED | |
| UNITED STATES BANKRUPTCY COURT Northern District of Georgia | | IN CLERK'S OFFICE U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA | |
| Name of Debtor: PICO Atlanta, Inc. | | Case Number: 10-67440 crm | |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 507(c). | | | |
| Name of Creditor (the person or other entity to whom the debtor owes money or property): Connie S. Story | | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. | |
| Name and address where notices should be sent: Connie S. Story 2839 Old Norcross Rd. Tucker, GA 30084-2716 | | Court Claims Number: (If known) | |
| Telephone number: | | Filed on: | |
| Name and address where payment should be sent (if different from above): Connie S. Story P.O. Box 931054 Norcross, GA 30003-1054 | | <input type="checkbox"/> Check this box if you are sure that no one else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. | |
| Telephone number: | | <input type="checkbox"/> Check this box if you are the debtor or trustee in this case. | |
| 1. Amount of Claim as of Date Case Filed: \$ 2493.39 | | 5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. | |
| If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. | | Specify the priority of the claim. | |
| If all or part of your claim is entitled to priority, complete item 5. | | <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges. | | <input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(4). | |
| 2. Basis for Claim: Accrued Vacation (See instruction #2 on reverse side.) | | <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). | |
| 3. Last four digits of any number by which creditor identifies debtor: 57612 | | <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7). | |
| 3a. Debtor may have scheduled account on: (See instruction #3a on reverse side.) | | <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8). | |
| 4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. | | <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(). | |
| Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other | | Amount entitled to priority: \$ 2493.39 | |
| Value of Property: \$ Annual Interest Rate: % | | *Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. | |
| Amount of mortgage and other charges as of date case filed included in secured claim. | | | |
| If any: \$ Basis for perfection: | | | |
| Amount of Secured Claim: \$ Amount Unsecured: \$ | | | |
| 6. Credit: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. | | | |
| 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) | | | |
| DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. | | | |
| If the documents are not available, please explain: | | | |
| Date: 6/25/10 | Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Connie S. Story - AR Manager | | FOR COURT USE ONLY DO NOT SIGN OR FOLD CLAIM See www.uscourts.gov for information on filing claims electronically |

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Connie S. Story - AR manager
Ph: 678-608-1190

Spring Solutions, LLC
P.O. Box 334
Glen Burnie, MD 21060



U.S. POSTAGE
\$1.60
FCM LG ENV
21061 0000
Date of sale
06/16/21
06 25K
9997106161643
11487222

FOLD HERE

CLEARED
JUL 5 2021
U.S. Marshals Service
Atlanta, GA

CLEARED
JUL 2 2021
U.S. Marshals Service
Atlanta, GA

U.S. Bankruptcy Court
ATTN: Clerk of Court
1340 U.S. Courthouse
75 Ted Turner Drive, SW
Atlanta, GA 30303